

# NYCServ Violation Copy

Internet



0220650834



**0918000006006051**  
**SUMMONS TO APPEAR**  
**FOR CIVIL PENALTIES ONLY**  
 SUMMONS NUMBER: **0220 650 834**  
 ENFORCEMENT AGENCY: **Police Department**

|                          |                                                                                                                                                                                                                                                 |                                                                           |                                                                       |                                                                                                                                                                    |                                                                                    |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Respondent Last Name     | SHI                                                                                                                                                                                                                                             | First                                                                     | ZHIWEI                                                                | M.I.                                                                                                                                                               |                                                                                    |
| Phone No                 | 718-968-5505                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> Cell<br><input type="checkbox"/> Home | D.O.B.                                                                | 08/20/89                                                                                                                                                           | Sex<br><input checked="" type="checkbox"/> Male<br><input type="checkbox"/> Female |
| Mailing Address          | 6761 218th Street Bayside NY 11364                                                                                                                                                                                                              |                                                                           |                                                                       |                                                                                                                                                                    |                                                                                    |
| ID Number                | 748 996 372                                                                                                                                                                                                                                     | ID Type                                                                   | NYS driver license                                                    |                                                                                                                                                                    |                                                                                    |
| Race                     | <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hisp. White <input type="checkbox"/> Hisp. Black <input type="checkbox"/> Am. Ind./Alaskan Native <input checked="" type="checkbox"/> Asian/Pacific. Is. |                                                                           |                                                                       |                                                                                                                                                                    |                                                                                    |
| Date of Occurrence       | 12/15/25                                                                                                                                                                                                                                        | Time of Occurrence                                                        | <input checked="" type="checkbox"/> AM<br><input type="checkbox"/> PM | Precinct                                                                                                                                                           | 109                                                                                |
| Place of Occurrence      | <input checked="" type="checkbox"/> At <input type="checkbox"/> In Front Of <input type="checkbox"/> Opposite                                                                                                                                   |                                                                           |                                                                       | Borough<br>M <input type="checkbox"/> BK <input type="checkbox"/> SI <input type="checkbox"/><br>Q <input checked="" type="checkbox"/> BX <input type="checkbox"/> |                                                                                    |
| Northern Blvd/171 street |                                                                                                                                                                                                                                                 |                                                                           |                                                                       |                                                                                                                                                                    |                                                                                    |

Include the summons number above on all communications

HEARING DATE: 02/03/26 AT: 09:00 ☒ AM  
☐ PM

You must respond by the above date.  
 See the **BACK OF THIS SUMMONS** to learn about your options.

**Hearing Location:** Office of Administrative Trials and Hearings (OATH)

Borough: Queens (See back for address) (844) 628-4692  
 www.nyc.gov/oath

|                                                 |                                                                                |                                                                                            |
|-------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Admin. Code | <input type="checkbox"/> Parks Rules: 56 RCNY                                  | OATH Code<br>D161L                                                                         |
| <input type="checkbox"/> Rules of City of NY    | <input type="checkbox"/> Traffic Rules: 34 RCNY <input type="checkbox"/> Other |                                                                                            |
| Section/Rule                                    | 19-190(B)                                                                      |                                                                                            |
| Mail-in Penalty                                 | 250                                                                            | Max. Penalty 250                                                                           |
| Details of Charge(s):                           |                                                                                | Property<br>Removed <input checked="" type="checkbox"/> Yes<br><input type="checkbox"/> No |

T/p/o the motorist was making a left turn at the intersection, and hit a pedestrian on the crosswalk causing minor physical injury

NYC Charter Section 104b and 104b-e and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings. I, an employee of the agency named above, affirm under penalty of perjury that: 1) I personally observed the commission of the violation charged; 2) I verified the existence of the violation through a review of Departmental records; or 3) I was informed of the commission of the violation by a reliable witness that is known to the Department. False statements made herein are punishable as a Class A Misdemeanor pursuant to Section 210.45 of the Penal Law.

|               |    |         |        |
|---------------|----|---------|--------|
| I/O Signature |    | Command | 109    |
| Rank/Title    | PO | Name    | Singh  |
|               |    | Tax No. | 982673 |



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